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PTO/SB/01 (10-00)
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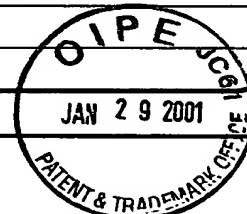
**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number TK-3410 US NA
First Named Inventor ROBERT ANTHONY MARIN
ET AL.

COMPLETE IF KNOWN

Application Number 09/691,273
Filing Date OCTOBER 18, 2000
Group Art Unit UNKNOWN
Examiner Name UNKNOWN



As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLASH-SPUN SHEET MATERIAL

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/18/2000 as United States Application Number or PCT International

Application Number 09/691,273 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/160,021 60/229,224	10/18/1999 08/31/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


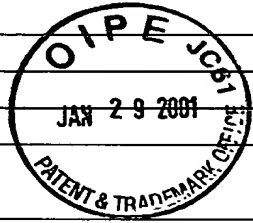
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DECLARATION — Utility or Design Patent Application

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Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
ROBERT ANTHONY		MARIN			
Inventor's Signature <i>Robert A. Marin</i>		<i>Robert Anthony Marin</i>		Date 12 / 8 / 00	
Residence: City MIDLOTHIAN		State VA		Country U.S.A.	
Mailing Address		14601 GILDENBOROUGH DRIVE			
Mailing Address					
City MIDLOTHIAN		State VA		Country U.S.A.	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
LARRY R.		MARSHALL			
Inventor's Signature <i>Larry R. Marshall</i>				Date DEC. 11, 2000	
Residence: City CHESTERFIELD		State VA		Country U.S.A.	
Mailing Address		8950 WATERFOWL FLYWAY			
Mailing Address					
City CHESTERFIELD		State VA		Country U.S.A.	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/02A (11-00)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Pag 1 of 1
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Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BARBARA K.		O'ROURKE	
Inventor's Signature <i>Barbara K. O'Rourke</i>		Date <i>12/12/00</i>	
Residence: City RICHMOND	State VA	Country U.S.A.	Citizenship U.S.A.
Mailing Address 8903 RAMS CROSSING COURT			
Mailing Address			
City RICHMOND	State VA	ZIP 23236	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/691,273
	Filing Date	OCTOBER 18, 2000
	First Named Inventor	ROBERT ANTHONY MARIN ET AL.
	Group Art Unit	UNKNOWN
	Examiner Name	UNKNOWN
	Attorney Docket Number	TK-3410 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906



OR

☐ Practitioner(s) named below:

Name	Registration Number
THOMAS W. STEINBERG	37,013

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	ROBERT ANTHONY MARIN
Signature	<i>Robert Anthony Marin</i>
Date	12/8/00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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	Examiner Name	UNKNOWN
	Attorney Docket Number	TK-3410 US NA

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OR

☐ Practitioner(s) named below:

Name	Registration Number
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☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	LARRY R. MARSHALL
Signature	<i>Larry R. Marshall</i>
Date	DEC. 11, 2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	BARBARA K. O'ROURKE
Signature	<i>Barbara K O'Rourke</i>
Date	12/13/00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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